

**APPLICATION FOR BUILDING PERMIT
CITY OF WINCHESTER INSPECTIONS DEPARTMENT**

STREET ADDRESS _____ **SUBDIVISION** _____ **LOT** _____

Owner/Lessee: _____
Address _____
City/State _____
Telephone _____

**** Contractor:** _____
Business Address _____
City/State _____
Telephone _____

**** (Contact Commissioner of Revenue (540) 667-1815, Ext. 2507, for Winchester City Business License)**

Zoning: Building Setbacks **Required:** Front _____ Left _____ Right _____ Rear _____
Building Setbacks **Provided:** Front _____ Left _____ Right _____ Rear _____
Site Plan Required: _____ Yes _____ No Site Plan # _____ Date Approved _____
Historic District: _____ Yes _____ No BAR Case # _____ Approval Date _____

Application: Residential: () New Single Family Att ____/Det ____ Other: () New Institutional church, school, etc.
() New 2, 3 & 4, 5 & Up Family Dwelling () New Commercial or Industrial
() New Industrialized or SHELL Bldg
() New Addition or () Remodeling

Lien Agent: () Yes () No
Name _____
Address _____
Phone _____

Fill in items applicable to this permit:

Indicate number as applicable:

Bldg size EACH floor _____	_____ Stories
Basement total sq. ft. _____	_____ Porches
Finished Basement sq. ft. _____	_____ Decks
Carport or Garage sq. ft. _____	_____ Fireplaces
Accessory Bldg sq. ft. _____	_____ Chimneys
Swimming Pool sq. ft. _____	_____ Wood Stoves
Retaining wall # of ft. _____	_____ Flue Hookups
Foundation Material _____	_____ Total Number of Rooms (excluding baths, halls, closets)
Exterior Walls (e.g. brick) _____	_____ Bedrooms
Roof Style (e.g. hip) _____	_____ Full Baths
Interior Walls (e.g. drywall) _____	_____ Half Baths
Finished Flooring _____	
Heat type (e.g. NG/Elec) _____	
New Air Conditioning () Yes () No	
New Electrical Work () Yes () No	

Miscellaneous Construction (Indicate Number)

_____ Radio Tower or like Structure	_____ Elevators
_____ Demolition of Building (\$500 Bond required)	_____ Elevator Shafts
_____ Prefabricated home	_____ Dumbwaiters
_____ Foundation Permit Only	_____ Grandstands
_____ Fences over 6' High	_____ Moving Buildings
_____ Temporary Structures/Tents	_____ Carnival
_____ Bleachers	_____ Re-roofing
_____ Storage Tanks	_____ Re-siding
	_____ Other

Estimated Value of Construction (value of materials and labor) \$ _____

Person Applying for Permit _____ **Owner** _____ **Lessee** _____ **Contractor** _____

(I hereby agree to comply with all provisions of Uniform Statewide Building Code 2003 IBC/IRC, The Zoning Ordinance, and other Ordinances or policies as adopted by the City of Winchester, VA.)

Signature _____ **Printed Name** _____

Address _____ **Telephone Nr.** _____ **Date** _____